

\*\* >Please type a plus sign (+) inside this box -> + PTO/SB/01 (3-97) Approved for use through 9/30/98. OMB 0651-0032

a valid divid deliber he	ımber.		to a collection of information unles	3 R CONTENTS					
DEOLADA:	FION FOR	Attorney Docket Nun	AFB00420						
DECLARA'		First Named Invent	ALLRED, Cla	rk L.					
٠٠,	R DESIGN	COMPLETE IF KNOWN							
PATENT AP	PLICATION	Application Number							
√ Declaration	☐ Declaration	Filing Date		÷					
Submitted OR	Submitted after	Group Art Unit							
with Initial Filing	Initial Filing	Examiner Name							
I believe I am the original, names are listed below) of	the subject matter which is cl	one name is listed below) or a aimed and for which a patent	un original, first and joint inventor (i is sought on the invention entitled						
ALGORITHM FOR RAPID ENDMEMBERS DETERMINATION (ALRED) IN HYPERSPECTRAL DATA									
the specification of which  is attached hereto  OR  was filed on (MM/DD/YYY)  as United States Application Number or PCT International  Application Number  and was amended on (MM/DD/YYYY)  (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.  I hereby claim foreign priority benefits under Title 35. United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or									
claimed.	any PC1 international applicat	Foreign Filing Date	Priority Certifled Copy A						
Prior Foreign Application Number(s)	Country		1-4-01-1	NO					
Additional foreign applic	ation numbers are listed on a	supplemental priority data sh	set PTO/S8/02B attached hereto:						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

## MANUAL OF PATENT EXAMINING PROCEDURE



PTO/S8/01 (3-97)

Approved for use through 9/30/98. OMB 0651-0032 

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Please type a plus sign (+) inside this box

## - Utility or Design Patent Application **DECLARATION -**

I hareby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §385(c) of any PCT International

application designation designation disclosed in the §112, I acknowled which became a	prior Unite	ed States or P	CT Intern	ational a	application	n in the I	ennam	r provide	ed by the	eehinatp. din Titk	anagnaph a 37. Cox	or ino de of F	e 35, United St ederal Requist	ons §1.58	
U.S. Parent Application PC					CT Parent		Parent Filing Date			Parent Patent Number (if applicable)					
N	Number r					Number			(MM/DD/YYYY)			(п аррпсавле)			
Additional	U.S. or PC	T Internation	ai appika	don num	ers ared	listed on	a sup	dnemek	ai priori	ty data e	sheet PT	0/58/0	28 amached he	reto,	
As a named inve and Trademark	ered practitioner(s) to prosecute this application and to er Number   red practitioner(s) name/registration number listed believed.				<b>→</b>	Number Bar Code									
					Registration			Name						tration tber	
	Name			-	Number										
William G. Auton					31,320										
Additional	egistered	practitioner(s	named o	n supple	emental F	Registere	o Prac	titioner	Informa	tion she	et PTO/S	8/02C	arrached heret	io.	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/S8/02C attached hereto.  Direct all correspondence to: Customer Number or Bar Code Label  OR XX Correspondence address be															
Name	Wi	lliam G. Auton													
Address	ES	C/JAZ													
Address	40	Wright	St.		· · · · · · · · · · · · · · · · · · ·				Γ						
City	Ha	nscom AFB						State MA ZIP				01	01731-2903		
Country	US	SA			,			81) 377-3773			Fax				
I hereby decial believed to be punishable by jeopardize the	true; and	i further that prisonment, o	these sta both, un	tements der Sect	were ma ion 1001	of Title									
Name of S	ole or F	irst inven	or:					A petit	ion ha	в бееп	filed for	rthis u	unsigned inve	ntor	
Given Name (first and middle [if any]) Family: Name or Sumame															
Clark L.						1	ALLRED								
inventor's Signature	1	Clark Ather											Oete	JAU698	
Residence: City MED FORD				State	MA Country USA				A	Citizenship US A					
Post Office	Address	621 B	05701	J AV	1E	·.									
Post Office	Address				•										
City		MEDFOR	State	M	Α	z	IP	0219	55		Соц	ntry	USA		
□ Additional	Linvento	rs are being	named	on the	su	ppleme	ntal A	ditions	d Inver	ntor(s)	sheet(s)	PTO/	\$8/02A attac	hed hereto	

[Page 2 of 2]<